



CITY OF ATLANTA

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Mayor

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DEPARTMENT OF PROCUREMENT
Adam L. Smith, Esq., CPPO, CPPB
Chief Procurement Officer
asmith@atlantaga.gov

May 10, 2012

Dear Potential Proponents:

Re: FC-5954, Employee Benefits

Attached is one (1) copy of **Addendum Number 1**, hereby made a part of the above-referenced project.

For additional information, please contact Mr. Wendell Bryant, Contracting Officer, at (404) 330-6127 or by email at wambryant@atlantaga.gov.

Sincerely,

Adam L. Smith

ALS/wamb

cc: L. Amis
Y. Cowser Yancy

ADDENDUM NO. 1

This Addendum No. 1 forms a part of the Request for Proposals and modifies the original solicitation package and any prior Addenda as noted below and is issued to incorporate the following:

1. Questions & Answers;
2. Pre-Proposal Conference Agenda;
3. Revised Proposal Submittal Check Sheet;
4. Pre-Proposal Conference Presentation; and
5. The telephone number for the iSupplier Administrator, Seana Nash, is 404.330.6203.

Addendum No. 1 for **FC-5954, Employee Benefits** is available for pick-up in the Plan Room: City Hall, 55 Trinity Avenue, Suite 1900.

Proposals are due on Wednesday, May 23, 2012, and should be time stamped in no later than 1:59 p.m. and delivered to the address listed below:

Adam L. Smith, Esq., CPPO, CPPB
Chief Procurement Officer
Department of Procurement
55 Trinity Avenue, S. W.
City Hall South, Suite 1900
Atlanta, Georgia 30303

****All other pertinent information is to remain unchanged****

Acknowledgment of Addendum No. 1

Proponents must sign below and return this form with bid to the Department of Procurement, 55 Trinity Avenue, City Hall South, Suite 1900, Atlanta, Georgia 30303 as acknowledgment of receipt of this Addendum.

This is to acknowledge receipt of **FC-5954, Employee Benefits** on this the _____ day of _____, 2012.

Legal Company Name of Proponent

Signature of Authorized Representative

Printed Name

Title

Date

FC-5954, Employee Benefits Questions & Answers

Department of Procurement Questions

1. Please confirm font size as RFP references 12 point font and then also 11 point font.
A. Submit your proposal in a three-ring binders on 8.5x11 single-sided paper double-spaced in Times New Roman 12 point font.

2. Please clarify the City's definition of the required "flexible" binder (are you looking for soft cover book report cover type or standard binder format obtainable at local office supply vendors similar to educational supply?). Do you have a specific width allowed per binder which might dictate Informational Volume to be broken into multiple binders?
A. Regular binders "obtainable at local office supply vendors" are fine. Where possible Volume I and Volume II should be in the same binder.

3. 3.3 Cost Proposal – reference within RFP indicates 1 Original and three (10) copies in once place and in another section, it references 1 Original and ten (10) copies. We believe the correct number of copies is ten (10) if you can confirm.
A. One (1) original and ten (10) copies are required for the Cost Proposal, Volume I, and Volume II. Where possible Volume I and Volume II should be in the same binder. The Cost Proposals should be in a separate sealed envelope. In addition a CD with your entire Proposal should also be included with your submission.

4. Will the RFP be provided in a Word Document?
A. No.

5. Do we need to complete the confidentiality agreement? Since we have the disruption, etc., I assume we already sent it in, but wasn't sure if it still needs to be included in the proposal.
A. The City is sorry for the disruption to your day, but places a higher value on the confidentiality of our employee's private information. Version 3 of the Confidentiality Agreement should be submitted with the Proposal it is included in Addendum No. 2.

6. There were several forms included in the RFP (official COA forms with their logo). Do they want us to fill those out by hand (or type...does anyone there have a typewriter?) then scan for the electronic copy? Or can we copy the text of each form into our own Word document?
A. The City is looking for completed forms – copies, exact replicas, typed, long-hand, etc. – legibility is what is most important. Forms must also be sealed and/or notarized where appropriate.

7. As for the electronic copy of the Information proposal, do they want a CD of Volume I and II combined, or 1 CD for Volume I and 1 for Volume II? We will also provide a separate CD with just the Cost proposal on it.
- A. There should be a CD with volume I and Volume II on it. The CD should also have the other attachment(s) requested (e.g. MS Excel copy of the Cost Proposal Worksheet, etc.).**
8. Pagination – the RFP requests continuous pagination. Can we continuously paginate throughout each section and attachment (so the entire questionnaire will be paginated together, then the document under the next tab would start at “1”?) Also, some files will be PDFs and cannot be paginated. If there are PDFs in a section do they want everything around the PDF to be paginated?
- A. Pagination of the entire document(s) is the goal, but use what is most appropriate for your proposal submission.**
9. Should the requested resumes be included with the “additional attachments” in Attachment #20?
- A. All content should be tabbed/labeled and submitted in the order in which it is requested where possible.**
10. Per page 9 of the PDF, “A completed Contractor Affidavit, set forth in Part 5; Appendix C; Illegal Immigration Reform and Enforcement Act Forms, must be submitted on the top of Volume 1 of the Proposal at the time of submission, prior to the time for opening the Proposal;” however, page 11 of the PDF states that the forms in Appendix C should be in Volume II. Where should they go?
- A. Original on top. Copy in the Volume II.**
11. Per page 14 of the PDF, “Appendix B; Insurance and Bonding Requirements’ is a part of the Services Agreement but is not a form that is required to be completed by a Proponent.” – please confirm.
- A. Form 4 and Form 5 must be submitted with your proposal as an acknowledgement of Appendix B requirements and ability to comply with the same. APlease comply with all requirements in Form 5including the letter from your surety and/or insurer.**
12. Please attach the statement from the banks confirming the Company’s credit lines available for the Project. ~ Can you confirm if this is needed now or upon award of the contract?
- A. Documents requested to evaluate financial capabilities must be submitted with the Proposal. Without this, your Proposal may be deemed non-responsive.**

13. Form 4 that is required relative to insurance and bonding requirement – on the signature page is notes “corporate” and “non corporate” components. Please define what constitutes a “non corporate” component for signature purposes.

A. Please consult your independent legal counsel or the Secretary of State.

14. If we will not be receiving a Word document, can we create our own answer document that gives answers to each referenced question?

A. The City requires that no wording be changed and that questions be answered as written. Any deviation from the RFP may deem your Proposal non-responsive.

15. Does Section 5 Services Agreement require any action on our part or is it a sample?

A. A final Contract will be negotiated between the City and the awardee(s). There is no need to redline the Master Professional Services Agreement. Proponents should include a copy of their standard draft contract – if they are going to propose the use of it during negotiations

16. Is a proposal bond of 5% required in addition to the payment and performance bonds requested?

A. The Proposal guarantee is due at the time of Proposal submission. Payment and Performance bonds will be required of the winning proponent(s).

17. Part 5 Services Agreement - Is the intent of supplying this document for the potential vendors to review this document and provide deviations?

A. A final Contract will be negotiated between the City and the awardee(s). There is no need to redline the Master Professional Services Agreement. Proponents should include a copy of their standard draft contract – if they are going to propose the use of it during negotiations.

Department of Human Resources Questions

How many carriers will be selected to offer medical benefits? If multiple carriers are offered, can we provide fee with enrollment tiers?

A. The City currently offers two carriers for employee medical benefits. The actual number of carriers selected for this RFP relating to the medical products will be determined based on the proposals received. There is no accommodation on the Exhibit A-1 (Cost Proposal) for enrollment tiers. The City would prefer receiving firm fee and rate quotations that do not change depending on the number of participants in the final enrollment.

What is the current fee and what services are included?

A. The current administration fees will not be provided. Services under the POS ASO contract with BCBS include: standard administration services, network access, reinsurance, appeals (one mandatory level, one voluntary level and external review as applicable), 1099s, NYHCRA and other legislative and reporting, PBM services, health care management, utilization management, case management, health care advisor, transplant services, health solutions newsletter, myhealth member portal, electronic health risk assessment, personal health record, member alerts, condition care (asthma, pulmonary disease, congestive heart failure, coronary artery disease, diabetes), future moms, 24/7 nurse line.

How are pharmacy rebates handled?

A. The City currently receives approximately 100% of the pharmacy rebates from our self-funded POS Plan.

4. Please describe your current DM offering in greater detail

A. The City current HMO and PPO vendors currently have in place the following DM offerings Asthma, COPD, CAD, Heart Failure and Diabetes. The fully-insured HMO Plan has a more intensive DM program with a higher level of member participation.

5. What is the prevalence rate by disease state

A. The City's active and retiree populations is similar to most employers in this region of the country with a high prevalence of chronic diseases, the top 5 chronic diseases are Diabetes, Heart Disease, CAD, Digestive Disorders and Musculoskeletal Disease; subsequently, the prevalence rate by disease state for the City is similar to groups our size in this region.

6. What % of those member are identified as high risk, moderate risk and low risk

A. This information is not available at this time. The City is similar to most public sector employers in this region, while the City's has a high prevalence of chronic diseases, our population is stable and the overall medical trends for the past 4 years have been below the national average.

7. Please provide the current ROI attained as well as a list of clinical care and utilization improvement statistics by disease state and case management
A. This information is not available at this time. The ROI for the City's health and wellness initiative is within the initial years of development. The focus on clinical care and utilization improvements were developed approximately three years ago. Data provided by the current vendors indicate that the City claims data and member participation in its wellness initiatives and disease state/case management programs will show a significant ROI specifically for diabetes and hypertension.
8. Please provide additional insight into what is working well in Case Management and Disease Management and what you would like to see improved.
A. The City has experienced an overall increase in member participation for Disease Management programs that have targeted costly chronic diseases like diabetes and hypertension. Our annual medical trends have been below the national average. The City would like to see a continuation of the current processes as it relates to Case Management and Disease Management with an emphasis on managing the pre-65 retiree population.
9. Please describe your current wellness offering in greater detail
A. The City's current wellness offering includes the standard annual preventive care screening and examinations covered at 100%. Employees are offered 4 hours of annual leave to obtain their annual examinations. The Mobile Nurse Program provides onsite screenings and educational sessions to employees primarily on chronic diseases. The current vendors offer employees financial incentives to complete an HRA and to participate in their wellness programs and initiatives. Employees have an opportunity to use the City's Fitness Center (2) free of charge or join LA Fitness under a special City sponsored program. Employees have the option of joining Weight Watchers and or programs that are geared towards their health and wellness.
10. How does the current vendor interface with the current on site clinic
A. There is currently no interface with the onsite clinic. The clinic is staff by the City's Fire Department and there is limited educational and preventive services offer. The Mobile Nurse Unit has some interface with vendors as it relates to educational material and preventive screenings that are provided to employees at our Field Operations.
11. Please describe in greater detail the current on site clinic program and service offerings
A. The Clinic programs are currently limited to minor emergencies and blood pressure screenings. Since the Fire Department EMT's are currently staffing the facility, clinical programs and service offerings have been reduced to primarily providing urgent and emergency related services. The Mobile Nurse Unit has been designated to provide clinical education and screenings.

12. How many educational forums do you hold each year and at how many locations
A. The Department of Human Resources sponsors a minimum of 16 educational forums primarily at 5 key city locations along with 3 major health events – (2) Citywide Health Fairs, (1) Breast Cancer Awareness Event.
13. What % of members complete the Health Assessment each year and the biometrics screens as well as the annual health exams
A. The City's contracted vendors have offered Health Assessment's over the past several years. As a part of the Mayor's Healthier You Campaign, the City has experienced an increase in the percentage of members completing an HRA up to a record high 22% for active and retired employees. As it relates to % of employees receiving annual examinations, the HMO had approximately 72% and the POS Plan had approximately 65%.
14. Of those that complete a Health Assessment and biometric screens what % participate in lifestyle modification programs, what programs are offered today
A. This information is unavailable at this time, the City's health and wellness initiative and partnership with the medical vendors to increase participation for Health Assessment and biometric screens was implemented at the start of the current benefit plan year.
15. What percent of members are outreached to by a Health Coach for telephonic coaching vs. use of the on line lifestyle modification programs
A. This information is unavailable at this time, the City's health and wellness initiative and partnership with the medical vendors to develop programs involving telephonic health coaches or the use of on line programs for lifestyle modifications is relative new and the data is incomplete. The current contracted vendors have lifestyle modification programs in place and based on an initial assessment, utilization for the first six months of this benefit plan year has increased.
16. What results have been achieved with these current programs, risk reduction improvement, improvements in lifestyle modifications, please provide the actual results
A. This information is unavailable at this time, the City's health and wellness initiative and partnership with the medical vendors to develop programs specifically designed to improve employee/retirees lifestyles and address risks associated with the development of chronic disease is relatively new and data is incomplete; however, contracted vendors for the City's POS and HMO midyear review indicates a significant increase in member participation from the same period of the previous year.
17. In an effort to understand how the City is currently measuring the current provider of clinical program services from a program performance and return on investment perspective we have included the following questions. Answers to the following questions will be of great assistance to us in terms of understanding how best respond the pertinent performance and return on investment RFP questions/requests

18. Please provide the current performance measurements and associated fees at risk in place today. Please include the associated calculation methodology/s
- A. The current performance measurements and guarantee are listed in the RFP under Section 3.5 (Volume II).**
19. How satisfied is City with your current products and results?
- A. The City is satisfied with the current products, but as with most employers in the public sector market, the City is faced with the challenges of providing quality and affordable health care to our employees and retirees while trying to balance budget reductions and decreases in tax revenues. The City like most employers in the public and private sector is faced with the same challenges of trying to limit and control annual healthcare cost increase.**
20. What opportunities do you envision from an improvement perspective?
- A. There are opportunities for improvement in the areas of Disease Management and our health and wellness initiatives. While the City has been able to experience a slight cultural shift in employees and their dependents behavior as it relates to managing costly chronic disease and taking an active role in the healthcare process, there are opportunities to make some major improvements.**
21. What kind of reports do you want to be available for the city to pull from our system?
- A. The RFP questionnaire includes a list of report types that proposers are to indicate their ability to provide. Also, the RFP asks for a sample copy of your standard reporting package. The reporting package will vary depending on the benefits that are quoted.**
22. Is there any room to negotiate PG's?
- A. The current performance guarantee are common in the industry, unless there are some recommendations that could potentially improve the quality of service and reduce financial liability, the room for negotiation is limited.**
23. What information will be required on the monthly EOB reporting?
- A. Claims and Encounter data along with payment summary.**
24. Please provide us with some details regarding the administrative fee that the City is looking for us to remit to offset cost? Is there a set amount and is this for any thing particular like printing etc? Does it have to be sent in monthly?
- A. The City will require all selected vendors to share equally in the printing costs associated with open enrollment materials. This is a one-time cost that is paid during the beginning of open enrollment. Since the open enrollment material and active/retiree handbooks have been placed online, there has been a significant reduction in printing cost for the contracted vendors.**
25. By benefit plan, what are enrolled number of employees and members on each

to include dental, vision, etc.?

A. The current enrolled employees by plan and tier are reflected in the census. Also, a recap by plan is reflected in Exhibit 7.

26. For Medicare retirees, can you please provide contribution schedule based on hire date and retirement date that is used to calculate City of Atlanta contribution?

A. The Census shows the hire and retirement date where available by retiree. Page 3 of Exhibit A, Section 3.5, of the RFP shows the retirement contribution schedule. Exhibit 2 of the RFP shows the total cost upon which the retiree contributions are determined.

27. Can we please obtain an updated census for Medicare retirees that includes retiree years of service and retirement date?

A. The Census shows the hire and retirement date where available by retiree.

28. Can we please obtain current rates for the BCBS-Anthem Medicare Preferred PPO?

A. Exhibit 2 shows the total cost upon which the retiree contributions are determined, which is the same as the premium rate for insured plans such as the BCBS-Anthem Medicare plan.

29. For BCBS Medicare Advantage plan, can you please provide the most recent 24 months of medical and pharmacy experience on a monthly basis that includes Medicare allowable claims, plan allowable and plan paid basis?

A. The total annual claims split between medical and drug for the past 3 years are reflected in Exhibit 2. The monthly claims are not available at this time.

30. For BCBS Medicare Advantage plan, can you please provide the most recent 24 months of membership on a monthly basis?

A. The average monthly membership for the past 3 years is reflected in Exhibit 2. The monthly membership is not available at this time.

31. For Kaiser Medicare Advantage plan, can you please provide the most recent 24 months of medical and pharmacy experience on a monthly basis that includes Medicare allowable claims, plan allowable and plan paid basis?

A. The annual average membership for the last 3 years is provided in Exhibit 2. The claims information is not available at this time.

32. For Kaiser Medicare Advantage plan, can you please most recent 24 months of membership on a monthly basis?

A. The annual average membership for the last 3 years is provided in Exhibit 2. The claims information is not available at this time.

33. Are detailed claims / utilization reports available in reference to vision?

A. Exhibit 2 reflects a listing of the vision enrollment and claims by month for 9/1/2008-12/31/2011.

34. Will vision be stand alone, 100% voluntary, with no employer contribution?

A. Yes

35. Will the City consider other products and services not requested in the RFP?

A. The products and services that have been requested in this RFP will be the primary focus for the City at this time. If a vendor has a product that might be a value add as a part of their response to this RFP, the City is willing to review and consider.

36. Can you provide a report on accrued sick leave for existing employees?

A. Information available upon request for the Department of Human Resources Employee Benefits Department.

37. The RFP indicates that the General and Medical Questionnaire, must be completed by all carriers and that if a question doesn't apply that "not applicable" should be indicated. We are only proposing voluntary products so do we still need to complete this questionnaire?

A. Many of the questions in the General and Medical Questionnaire are not applicable to a Dental, Vision, Life, PBM or other Voluntary product quotations; however, this section contains some questions that are pertinent to any contract that would be entered into with the City of Atlanta. If the question obviously does not pertain to your proposal coverage type, please indicate "not applicable". Since some vendors will be providing multiple coverage type quotations, please complete this section together with the section that is applicable to your coverage type even if some of the information is repetitive.

38. You note (generally) in the RFP that the City maintains a "dedicated customer service team". Does this mean that all key members of your account team (the account service lead, your call/claim lead and service team, etc -- are ONLY assigned to work on the City's account with no other clients? Please define further.

A. The City's request for a "dedicated customer service team" will not require a vendor to limit those teams to working only with the City. The goal is to have key designated functions and resources familiar and available to handle all issues and concerns involving the City's plan. Current vendors have dedicated customer service teams that are able to provide service to the City and other vendor clients.

39. Who is the City's current payroll vendor and will that vendor continue to be utilized for the active open enrollment as noted in the pre bid conference?

A. The City currently handles all payroll functions for active employees internally. There are two TPA's that process monthly pension payments for retirees in the General, Police and Fire Pension Boards. As it relates to the open enrollment process, the

payroll function is limited to processing premium deductions once the new benefit plan year begins.

40. Are there any aspects of COBRA administration that are currently done in house at the City?

A. The City's Department of Human Resources handles the vast majority of the COBRA administration as it relates to plan administration and notification to both the COBRA participant and the contracted vendors.

41. Will the City guarantee that requested restricted information been protected from FIOA requests?

A. Assuming this question refers to the Freedom of Information Act (FOIA), the City will comply with FOIA requirements.

42. As per RFP specifications, SPDs are available and we would like to receive these.

A. The SPD's are available upon request from the City's Employee Benefits Division.

43. Claims experience is necessary in order to provide a quote. Is there limited data possibly available for consideration?

A. See Exhibit 2 of the RFP attachments.

44. Complete census including DOB, Gender, zip code and coverage tiering election is required. If file is incomplete, can the additional data fields be provided?

A. See Exhibit 1 of the RFP attachments.

45. Would the City of Atlanta like to receive a Medicare Surround quote with our Part D Rx offering? Medicare Surround is an Indemnity Medical

A. Not at this time.

46. We need to get clarification on what funding they are looking for on the dental and vision side. The current plans are a mix of ASO (CIGNA DPPO plans) and FI (Humana DPPO & DHMO plans as well as the vision is FI through OptumHealth), but in reading Section 1 heading on Exhibit 6 from the RFP, in Section 1 it appears as insured rates while Section 2 is for ASO). Is the desire to quote all plans where possible on an ASO basis? Here's the verbiage from that section:

47. "SECTION 1: Show any all inclusive Insured Rates if applicable to 11/1/2012-8/31/2013. Note self funded program quotes are preferred; however, please quote on an insured basis if applicable. If you are quoting both ways, self funded and insured, please provide two sets of Exhibits 6 and 7.

A. If you can provide both an insured and self-funded quote, please do so.

48. Is the City's intention to retain all dental plan options (3 DPPO and 1 DHMO) or possible consolidation or elimination of any plans?

A. The City prefers to receive quotations on all current benefit plans. Plan consolidation is possible following a review of quotations.

49. Please clarify the tiering shown on both Exhibit 6 and Exhibit 7 since it includes some very non-standard tiers like beneficiary child(ren), domestic partner, domestic partner & child, widow(er), and widow(er) beneficiary children. Confirm how are we supposed to respond on these? It looks like maybe they currently do some sort of back-end allocation for the purposes of setting contributions using these tiers because Exhibit 2 (which lists contribution rates by product) shows the same non-standard tiers for the vision plan (7 different tiers with 5 different rates), but the OptumHealth vision experience exhibit shows standard 4 tier rates at the top of the page, i.e. ee, ee + spouse, ee + child(ren), and ee + family. If we are going to be quoting any insured products for our quote, our standard tiers would include the ee and at most be on a 4 tier basis like the vision appears to be.

A. Please provide a quotation on the tier basis that you can offer. For instance, if you only provide a “single, family” tier structure, please provide those rates in all applicable enrollment categories reflected in Exhibits 6 and 7.

50. Please provide further clarification on how the City wants to see the data presented on both Exhibit 6 and Exhibit 7.

A. It is intended for you to reflect the per employee per month rates in Exhibit 6, with Exhibit 7 to provide the development of the annual costs when applied to the enrollment by tier reflected in Exhibit 7.

51. Exhibit 2 shows contributions by product, so we believe the rates listed are not the full rates but rather the contribution levels. Are the actual billed current rates (and possibly rate history) on the Humana plans available (we would like to receive if the intent is to quote matching or replacing the Humana plans).

A. Exhibit 2 shows the 100% cost rates. Active employee contributions are based on 30% of the 100% cost rates. Retiree contribution percent varies depending on the date of hire and retirement date. The 100% cost rates are reflective of the premium rates for insured plans, and reflective of the estimated total expected cost for self-funded plans.

52. The plan design info provided in the enrollment guides were very high level – if we are going to quote on the Humana plans, we will need to get the full schedule of benefits (including copays by procedure, E&Ls, etc) in order to move forward.

A. The Humana SPDs reflect the patient copays by procedure.

53. What are current self-care manual members are receiving?

A. The medical and dental vendors provide members with wellness and preventive care materials along with product specific services that may be available to them through their enrollment with their plan.

54. Is it one self-care manual per member or per household?

A. Vendors typically only send one mailing per household.

55. What is current wellness incentive plan?
A. The current medical vendors offer financial incentives for completion of an HRA and additional incentives for participation in their wellness plans. City employees have the opportunity to take advantage of numerous discount programs for fitness centers, weight loss organizations and other vendors who offer services in the wellness field.
56. What is current health assessment completion rate for Pos plan active employees? For HMO plan active employees? For pre-65 retirees?
A. The City's completion rate for both the POS and HMO plan for active employees is approximately 20%. The initial health assessment completion rate for pre-65 retirees is less than 5%.
57. What is the name of the City's Wellness Program?
A. No official name specifically for the City's Plan. Each vendor has a product name for their wellness initiative.
58. What type of onsite activities occur today with the current wellness program?
A. Preventive screenings and educational sessions, free health and fitness center, health fairs, monthly health and wellness educational seminars.
59. What is current wellness program participation for POS plan active employees? For HMO plan active employees? For pre-65 retirees? For non-Medicare eligible retirees?
A. The current wellness program participation is approximately 30% for active employee and less than 10% for pre-65 retirees and non-Medicare eligible retirees. The City's current wellness initiatives primarily involves the active population and the retiree population wellness initiatives comes directly through the vendors.
60. There is a reference in the wellness questionnaire to "wellness for non-Medicare retiree". Can you define specifically if you are talking about post 65 retirees that don't have Medicare and/or pre-65/early retirees that are not eligible for Medicare yet?
A. The wellness initiative mentioned in the RFP applies to actives and any retiree who is not in the insured Medicare Advantage plan. There are retirees who are over age 65 but who do not have both Part A and Part B of Medicare. These should also be included in the wellness program.
61. Please note any specific fund that your current medical vendors are contributing annually to wellness efforts?
A. The City currently has a wellness fund established by the POS vendor for \$200,000.
62. Is the City of Atlanta open to voluntary benefits that are not guaranteed issue?
A. The City of Atlanta would prefer voluntary benefit products that are guaranteed issue, but it is not mandatory.
63. Is this question applicable if a commission is payable on all in force policies?

A. Commissions or finder's fees are not payable under the contract effective on 11/1/2012.

64. P4 article D. Life. Your life insurance proposal should assume the current level of benefits. What should be under this line?
A. There are no lines missing. The employee enrollment guides show the current level of life insurance benefits. Please assume that there will be no change in the current benefit levels offered for life insurance coverage.
65. Does the mean that the city is doing away with short-term disability?
A. The City is looking for an insurance company to assist in strategizing a new insured group short-term disability benefit that will complement, or partially replace the current sick leave and pension disability benefits. The benefit design of the new STD benefit program will be created following the selection of a carrier who has shown that they are willing and able to assist in the development of such a "complementing" plan design. The City wishes to explore the possibility of offering a "group" basis contract for voluntary short-term disability benefits to be effective sometime between September 1, 2012 and January 1, 2013 depending on the timing of finalization of benefit design strategy. A voluntary short-term disability benefit offering may not be provided through payroll deduction during the period prior to December 31, 2012.
71. P12 article 10. Geo Access Reports - Label attachments as shown below.
Network accessibility summary reports should summarize employees with zip codes within the state of Georgia, employees with zip codes outside of the State of Georgia and all employees's zip codes GeoAccess Report attachments: Is it necessary to label this if the proponent is not offering Health, Dental, or Vision
A. Geo Access Report is only needed if the vendor is quoting on a benefit plan design that includes an in-network provider network component.
66. P12. Articles 11-15 11.CPT Code Analysis (Exhibit 4) and Displacement Analysis (Exhibit 5). 12. Provide a sample ID card.
A. CPT Code Analysis, Displacement Analysis and ID Card samples are only needed if the vendor is quoting on a benefit plan design that includes an in-network provider network component.
67. 13. Copy of your standard for fully-insured (FI) and self-insured (SI) reporting package. 14. Sample customized Ad Hoc report. 15. Insurer/PBM/TPA References. Is it necessary to respond to these if the proponent is offering supplement life and ancillary health benefits? If so, what is CPT Code Analysis, Displacement Analysis, full-insured reporting package, self-insured reporting package, Ad Hoc report, PBM references, and TPA references? Are insurer references necessary when the proponent is the insurer?
A. Voluntary product coverage proposals such as for Accident, Hospital Indemnity and Critical Illness should include their fully insured standard reporting package, Ad Hoc report and references. A CPT Code Analysis and Displacement Analysis are not

applicable unless a vendor is proposing an in-network provider component to the coverages.

68. P13 article Volume II D. 7. At least two bank or other institutional lender references; Is this necessary for responding to the RFP for ancillary benefits?

A. Yes

69. P35 article 8. No more than 1% of calls received a busy signal during 2010. How is a proponent expected to verify this?

A. Some phone systems can track and monitor this type of activity.

70. P168 article B. 1. Do you have the ability to administer an FSA for dependent care and medical savings accounts? Our firm outsources the administration of section 125 and FSA for clients. Is that applicable here?

A. Yes

71. P194 article A.1. Please complete the following information: Operational Date
What do you consider to be the operational date?

A. The date that the insurance company began doing business, collecting premium and providing benefit coverage.

72. In regards to the dental plan offering, is the City looking for one carrier for all lines of dental coverage or is the City willing to continue to split between carriers?

A. The City will make that determination upon review of quotations.

73. Do we need to provide a plan design or comparable plan for all lines of dental coverage, or just those we are quoting?

A. The City prefers quotations for the current plan designs, or the plan design that is most similar to the current offerings. A vendor need not offer all current plan designs.

74. Is it mandatory to offer a dental DMO, or something comparable? Are you in compliance with the RFP if you only offer Dental PPO Plans?

A. A vendor may provide only Dental PPO plan quotations, or only DHMO plan quotations, or both Dental PPOs and DHMO plans quotations.

75. Will the City be providing a claims/premium report by month for the entirety of the dental Cigna PPO contract?

A. The CIGNA dental plan is self-funded. Exhibit 2 provides a recap of the monthly claims for both the High and Low CIGNA dental plans.

76. Can the City provide rate history for the current dental plan offerings?

A. Exhibit 2 provides the estimated total cost of the CIGNA self funded dental plan and the insured rates for the Humana dental plans.

77. Please confirm, as indicated in the Questionnaire and Proposal Submission

Checklist, that we are only to provide Medicare Advantage responses to questions in Section I that specifically address Medicare Advantage.

A. Please make a good faith effort to be responsive and respond to all questions in the General and Medical Questionnaire that could possibly relate to any insured benefit plan offering, even if the question does not specifically state that the question pertains to a Medicare Advantage Plan.

78. Per 3.5 B. of the Scope of Services, "A response to a narrative question should not be more than two to three paragraphs long." Some of our responses will need to be longer than three paragraphs in order to describe particular program features. Would it be OK to have the entire response within the body of the questionnaire, or would we need to include a separate document with the longer responses under Attachment 20?

A. If your response is longer than 3 paragraphs, you may include the longer responses under Attachment 20. Please be sure to include the RFP Section reference, and question number on any of the responses that are included in Attachment 20.

79. Please confirm, as indicated in the Questionnaire and Proposal Submission

Checklist, that we are only to provide Medicare Advantage responses to questions in Section I that specifically address Medicare Advantage.

A. Please make a good faith effort to be responsive and respond to all questions in the General and Medical Questionnaire that could possibly relate to any insured benefit plan offering, even if the question does not specifically state that the question pertains to a Medicare Advantage Plan.

80. The census volume and lives for Retiree life do not match with the Billing Statement provided in the RFP, please explain the discrepancy. The census is showing 5,705 Retirees and a total volume of 28,117,750 versus the billing statement, which shows 3,816 lives and 19,030,000 for volume.

A. The census shows 4,929 retirees and surviving spouses with a combined volume of 28,117,750, compared to the billing statement showing 4,937 retirees and surviving spouses with a combined volume of 28,206,650.

81. Please confirm if the new carrier would be responsible for taking on disableds. If

so, please provide a list of disableds including gender, date of birth, coverage amount(s), date and nature of disability. Please also explain when these amounts reduce and/or terminate.

A. The current life carrier has advised that there currently are no persons who have been approved for the waiver of premium benefit.

82. If possible, please provide a census with job titles? If not, does the current census include police and firemen?

A. Employees included in the census include all City of Atlanta employees who have a benefit through the City, including police, fire, corrections and general employees.

83. Are the Survivor Spouse Benefit claims and premium included in the experience? If not, please provide it in a separate experience exhibit.

A. Yes. See Exhibit 2.

84. Please provide detailed claim history.

A. See Exhibit 2

85. Is the Repatriation benefit included with the AD&D coverage or is it a separate benefit?

A. The repatriation benefit is included with the Life coverage. See the Life Insurance SPD available from the City's Employee Benefit Division.

86. Is waiver of premium included on both Basic and Supplemental coverages?

A. The waiver of premium benefit applies to Basic and Supplemental coverages. See the Life Insurance SPD.

87. Is there a reduction schedule for coverages today?

A. The Life Insurance SPD does not reflect an age reduction schedule. Please provide a quotation assuming no age reductions are applicable.

88. When does the retiree coverage terminate. Does the coverage reduce?

A. A retiree who elects to continue Life coverage may do so by making the appropriate contributions. The retiree benefits coverage amounts range from \$5,000 to \$10,000 depending on hire and retirement dates as in the current eligibility rules. Please provide a quotation assuming no age reductions. See the Life Insurance SPD and the Retiree Enrollment Guide (Exhibit 8).

89. Is the basic life plan mandatory for employees? If not, please confirm if the active census provided contains all eligible employees or only those currently participating. In order to price the plan appropriately, we would need a census that provides all eligible employees whether participating or not so that we can make an accurate assessment of current plan participation in our pricing.

A. There is no mandatory requirement for participation in the basic life insurance plan. The active census provided contains the eligible employees who may be participating in one or more of the City's insurance plan. The current estimated number of active employees is approximately 7,100 employees with approximately 90% participating in the City's life insurance plan.

90. Have there been any significant plan design changes within the past 3 years (i.e. change in benefit schedules, acquisitions, mergers).

A. See Exhibit 8, the Employee Enrollment Guide for a recap of the benefit changes on 9/1/2011.

91. Is there a termination age for the Spouse Survivor Benefit?

A. No

92. How long does a Spouse have to elect the Spouse Survivor Benefit?

A. 60 days following the death of the employee

93. Will the plan be self-administered (employer maintains employee records; self-bills)?

A. Yes

94. Is the contract non-participating (fully-funded/insured)?

A. Yes-nonparticipating

95. How long has the plan been with Greater Georgia Life?

A. The Greater Georgia Life insurance contract became effective 9/1/09.

96. Concerning RFP FC-5459, one of the plans the City is requesting is a group short-term disability plan. Will the City only consider a group short-term disability plan or can a carrier submit an individual short-term disability plan for consideration as well?

A. Group short-term disability plan quotations are requested.

97. Is the City going to provide a file of all the dentists utilized by City of Atlanta enrollees on the Cigna PPO plan so that network penetration can be compared among carriers?

A. A displacement analysis not being requested at this time for the dental benefit.

98. Can this file also contain amount of claims paid to each dentist and include the dentists' tax ID #

A. A displacement analysis not being requested at this time for the dental benefit.

99. What was the percentage of network claims under the Cigna PPO plan compared to total claims. for the most recent 12 months available?

A. The percent of in network claims for the CIGNA PPO dental plan is not available at this time.

100. Please provide complete copay schedules for the Humana Dental Access and the Pre Select plan

A. The Humana SPDs reflect the patient copays by procedure.

101. Please confirm that the PPO plan is to remain self funded and the Access Plan and PreSelect are to remain insured?

A. Carriers should submit a self-funded quotation as well as an insured quotation if possible.

102. Will the employer contribution percentage remain the same?

A. The current contribution percentage are slated to remain the same for the upcoming benefit plan year.

103. Is the City logo that is requested to be on the ID card in color or is black and white acceptable?

A. This is not a mandatory requirement for the ID card. (optional)

104. Who currently administers COBRA on the dental plans?

A. The City's Employee Benefit Division

105. Please provide the Cigna PPO claims broken out by High and Low plan with monthly enrollment

A. See Exhibit 2.

106. Are dependents covered to age 26, including students on the 4 dental plans?

A. Yes

107. Please confirm that the Humana Pre Select dental plan is the CS-150?

A. Confirmed. Also referred to as the DHMO plan.

108. In order to provide appropriate pricing, Express Scripts needs the most recent 12 months of detailed claim data (or summarized data) by claim count, brand/generic classification, and retail/mail channel.

How many Medicare participants does the City of Atlanta currently provide benefits to that will not be included in your Medicare Advantage plan? For the retirees that the City of Atlanta wants us to cover, are you interested in RDS or any other programs?

A. Exhibit 7 reflects summarized claims counts and AWP by retail, mail generic and brand for 9/1/2010-8/31/2011. Note that the number of employees on whom this data is applicable includes actives and retirees combined. The total count of enrollment for this claim period is 3719 Active employees or 8604 active members including active

dependent counts, and 2110 retired employees or 3507 retired members including retired member dependent counts. The Exhibit only makes reference to the actives enrollment counts. Please note the reference herein to the applicable retiree counts as well.

Retirees who have both Part A and Part B must enroll in a Medicare Advantage plan. The number of retirees who have only either Part A or Part B who do not participate in a Medicare Advantage plan, and for whom a Part D subsidy is requested is not available for the BCBS POS plan or for the Kaiser HMO plan. The City is interested in a PBM quotation to include assistance with Part D filing as requested in the PBM questionnaire, but is not requesting quotations for other related programs at this time.

109. What current clinical PBM programs (Step Therapy, Prior Authorization, Drug Quantity Management) are currently provided? Are there any specific clinical programs that the City of Atlanta is currently interested in?
- A. The current contract with BCBS POS includes the following clinical/and DUR programs: Concurrent DUR, Retrospective DUR, Clinical Review, Administrative override (i.e. vacation, lost, stolen or spilled medications).**
110. What is the current participation in the pharmacy-related FSA? Does the City of Atlanta have any assumptions around HSA should you decide to implement such a program?
- A. The census in Exhibit 1 reflects 107 active employees who have elected the Flexible Spending Account for Health. A plan design for a CDHP or an employer funded HSA has not yet been determined.**
111. Are the current FSA fees from Aflac offset by commissions on voluntary product sales? If they are, is the City of Atlanta prepared to fund a standalone FSA fee structure?
- A. There is no current FSA fee. The City is prepared to fund a standalone FSA fee structure if necessary.**
112. How is enrollment data captured today? What is the timeframe in which enrollment is processed and sent to each vendor?
- A. Enrollment data is captured during the open enrollment period for existing employees and during the on-boarding process for new employees. Plan participation enrollment is not allowed outside of those time periods.**
113. Does the item referenced, Item 2, Performance Standards, apply to the Voluntary benefit submission? If so, is the expectation that the insurer self monitor to determine if the standards have been met?
- A. Performance standards will apply to any contract entered into by the City. To the extent that a selected performance standard is not applicable to your contract, please so state in Attachment #18. It is the expectation that the insurer will self-monitor, and also possibly be subject to audit by the City or it's designee.**
114. Please describe the enrollment process the City expects to occur for the

voluntary products.

A. The enrollment process for voluntary products will occur during open enrollment for existing employees and during the new the on-boarding process for new employees. The City does not offer voluntary products to retirees.

115. Does the City expect all carriers to include representative(s) or broker with the proposal? Would the City be agreeable to working with the carrier to determining which representative or broker should be involved in the project implementation?

A. All Carriers responding back on the RFP are encouraged to include all representative (s) or broker that they feel will help them to provide the highest level of service should they be selected. During the project implementation phase, all selected vendors will be expected to work with the City to complete project implementation within the agreed upon schedule. Note that commissions or finder's fees are not payable under the contract effective on 11/1/2012.

116. If we are planning to use multiply companies for the volunteer benefits, do we have to fill out the forms for each one? No company has all the best products and all the best prices. We offer several choose for each volunteer product. This way we can be non-bias when offering these benefits. It is a much better way to give the employees the best possible product, but makes it very difficult to put it in an RFP. All of these products would be deducted form one payroll slot.

A. The City is seeking the best potential benefit design from vendor's interested in partnering with the City for its insurance products. If there are subprime contracts associated with your overall proposal, Procurement guidelines require that they each be listed separately.

117. Please confirm or clarify that item number 2 under services requested for RFP is looking for a stand alone PBM. Meaning this is a separate item so if your company is not providing a stand alone PBM you don't have to respond to it. It's not a requirement of item 1 correct? The RFP is asking for a CDHP plan. Do you have the plan design that the City is looking for ie: Deductible, coinsurance etc for CDHP?

A. Please complete the pharmacy questionnaire if you are providing a self-funded pharmacy quotation, whether it is a Medical plus pharmacy quotation or a pharmacy only quotation. If you are providing a Medical plus pharmacy quotation, please also provide a Medical only quotation if possible. A plan design for a CDHP or an employer funded HSA has not yet been determined.

118. The RFP indicates: *In the "Rx Pricing" worksheet, you will quote a Transparent pricing offer on a post-AWP rollback basis, with a full pass through of network discounts and fees and total rebates.* Does the City intend to receive a pass-through discount guarantee on only retail prescriptions, or also for mail service prescriptions?

A. Please quote a pass-through discount on retail and mail services prescriptions.

119. Second, will the City entertain a traditional pharmacy financial offer, or do you only wish to receive offers on a pass through basis?

A. The City is interested in a pass through basis, however, if you are also providing a medical quotation and are only able to provide a traditional quotation: a. Please provide a Medical Only quotation, and b. Please provide a traditional quotation, and c. Please provide a Medical plus traditional drug quotation.

If you are able to provide a pass through quotation, please provide a., b. and c. on the basis of a pass through quotation.

120. Can the City provide 12 months of recent pharmacy claim data to include the following minimum fields: date of dispensing; drug NDC, days supply; quantity; RX number; mail or retail indicator; pharmacy NABP/NPI? This will be critical in our ability to propose our most competitive offer.

A. Exhibit 7 reflects summarized claims counts and AWP by retail, mail generic and brand for 9/1/2010-8/31/2011. The claim by claim history is not available at this time.

121. Does the City intend to award pharmacy to a single vendor?

A. This will be determined upon a review of quotations.

122. If an integrated Medical and Rx quote is provided, does the Pharmacy questionnaire still need to be completed?

A. Please complete the pharmacy questionnaire if you are providing a self-funded pharmacy quotation, whether it is a Medical plus pharmacy quotation or a pharmacy only quotation. If you are providing a Medical plus pharmacy quotation, please also provide a Medical only quotation if possible.

123. Is a dedicated Atlanta service team a requirement? Who is required to be dedicated?

A. The City's request for a "dedicated customer service team" will not require a vendor to limit those teams to working specifically with the City. The goal is to have key designated functions and resources familiar and available to handle all issues and concerns involving the City's plan. Current vendors have dedicated customer service teams that are able to provide service to the City and other vendor clients.

124. Is a dedicated or designated member service unit required?

A. The City's request for a "dedicated customer service team" will not require a vendor to limit those teams to only providing service on the City's account.

125. Are deviations to the City's benefit design allowed?

A. The City prefers quotations for the current plan designs, or the plan design that is most similar to the current offerings.

126. Are deviations to the Performance Standards allowed?

A. The current performance standards are common in the industry, if a vendor has some deviations that could potentially enhance the product offering of the City and reduce financial liability, and then the City would consider those deviations, any other changes outside of this scope will probably not be considered.

127. Section 3.5, section C, Question 12 asks to complete Exhibit 10A and 10B. We have only received Exhibit 10A.
A. Section C listed attachments included Attachment 10B, which is to be completed using Exhibit 5, for a network medical plan displacement analysis. Please contact the City's Employee Benefits Division in order to obtain this Exhibit if you did not receive Exhibit 5.
128. Is the provider directory requested in the excel format only? Can we provide the directory on CD only and not in hardcopy?
A. To clarify this requirement, please provide the Provider Directory to the City in both a hard copy, and on a CD in a machine-readable format.
129. Attachment #18 - exceptions to the RFP - is this document to include all exceptions to the RFP? i.e. plan design exceptions, legal exceptions, scope of services, etc?
A. Yes
130. Can we please obtain a copy of Exhibit C, Authorizing Legislation and Exhibit D, City Security Policies? Are these required to be part of our final contract?
A. The Authorizing Legislation process is actually completed by Administration and submitted to City Council for approval of vendor selection and insurance premiums to the upcoming benefit plan year. The City's Security Policies are available from Procurement.
131. Should the City decide to change medical carriers, is there an opportunity to transfer biometric screening and health risk assessment information?
A. The City would need to request this information from the current vendors. Currently unavailable
132. Can you please provide more detail and clarification around the enrollment and production materials partnership with Smith Communications?
A. Smith Communication will play a key role in the development of educational material and printed material that will be distributed to employees and retirees. Smith Communication will also assist with the open enrollment process as it relates to member use of the City's Oracle Self-Service System for benefit selection during Open Enrollment..
133. In regards to the CPT Exhibit, would you prefer to complete the exhibit using office fees only or a combination of office and non-office fees, where applicable?
A. Please provide the professional component for services such as radiology where there is both a professional and technical component.
-

134. Please provide a high cost claimant file broken out by Actives and non-Medicare Retirees.

A. High dollar claims for the BCBS POS plan and the Kaiser HMO plan are listed in Exhibit 2 and are not broken down by Active and non-Medicare retiree.

135. On Exhibit 5 – Displacement file, what time period does the reported information represent?

A. The last benefit plan year September 1, 2010 through August 31, 2011

136. Will the City accept a fully insured Medicare Part B-only proposal or a self-funded Medicare Part B-only proposal?

A. Yes

137. Please send in the following:

- a. Certificates for all lines of Life coverage
- b. Retiree census which includes actual benefit amount for grandfathered retirees
- c. Can the City provide experience prior to 9/1/2009?
- d. Listing of open PW claims to include face amount and incurral date
- e. Claim detail listing

A. (a) The Life Insurance SPD is available upon request to the City's Employee Benefits Division (b) Exhibit 1 includes the Retiree life amounts for grandfathered retirees. (c) Experience prior to 9/1/2009 is not available at this time. (d) There have been no waiver of premium claims under the current life contract (e) A detailed claim listing is not available at this time.

138. Please confirm there is no Supplemental AD&D

A. Confirmed

Would the City agree to age-graded Supplemental Life rates?

A. This would be a different rate structure than what is currently in place. Rates would have to be submitted for review and consideration.

139. Is the Basic Life plan mandatory?

A. No

140. Does the City currently have portability on the Basic Life?

A. Employee terminating with the City can obtain portability coverage through the current vendor.

141. Does the City intend to use AFLAC for STD going forward or will they drop it once they offer their own Voluntary STD plan?

A. The City prefers to have only one payroll deduction based individual voluntary benefit carrier for coverage's such as Hospital Indemnity, Accident and Critical Illness.

Quotations for individual STD policies are not requested at this time. Proposals are requested for a Group basis STD benefit.

142. To match current plans as closely as possible are there Medicare Summary Plan Documents (SPD)s available (to include Rx)? This will help verify benefits and how drugs are handled through the gap as well as limits on hospital or skilled nursing facilities (typically a max of 100 days). Current benefit overview provided in RFP is not all inclusive.
A. The BCBS and Kaiser Medicare Advantage summary of plans are available upon request from the City's Employee Benefits Division.
143. Is there updated claims experience: INCURRED through calendar year 2011 and PAID through February 29, 2012?
A. This information is currently unavailable.
144. Does Medicare claims experience include any non-Medicare dependent claims?
A. No
145. Does the City of Atlanta have an online enrollment or benefit administration platform to submit new enrollees?
A. Yes, the City used the Oracle Benefit Module for benefit administration along with the Self Service functions.
146. Is the City happy with the current platform that is being used?
A. The City's current platform is relatively new and appears to be meeting all requirements.
147. How is the City of Atlanta currently conducting Open Enrollment for worksite benefits? Perpetual?
A. The Open Enrollment process for all active and retired employees will be considered an active enrollment under the City's Oracle Benefit Module System. Employees/Retirees will have an opportunity to complete the enrollment process online through a self-service module.
148. Is the City of Atlanta interested in doing a dependent audit?
A. The City's Auditor will be seeking potential vendors to conduct a dependent audit potentially during the Fall.

**FC-5954, Employee Benefits
Pre-Proposal Conference
Agenda**



CITY OF ATLANTA

Kasim Reed
Mayor

SUITE 1900
55 TRINITY AVENUE, SW
ATLANTA, GA 30303
(404) 330-6204 Fax: (404) 658-7705
Internet Home Page: www.atlantaga.gov

DEPARTMENT OF PROCUREMENT
Adam L. Smith, Esq., CPPO, CPPB
Chief Procurement Officer
asmith@atlantaga.gov

FC-5954, EMPLOYEE BENEFITS PRE-PROPOSAL CONFERENCE AGENDA City Hall – Old City Council Chambers Thursday, May 10, 2012 – 10:00 A.M.

-
1. **Welcome & Introductions**
 2. **Risk Management (Appendix B)**
James M. Porter, Claims Investigator
Insurance Requirements
 3. **Office of Contract Compliance (Appendix A)**
Larry Scott, Senior Contract Compliance Manager
Angela Hunter, Contract Compliance Specialist
OCC Program Requirements
 4. **Department of Human Resources**
Yvonne Cowser Yancy, Commissioner
Louis Amis, Director of Employee Benefits
Summary of Services to be Performed
 5. **Department of Procurement**
Wendell Bryant, Contracting Officer
Procurement Process - Information and Instructions to Proponents
 6. **Questions from Proponents and Closing Remarks**
-

Sealed proposals for **FC-5954, Employee Benefits**, will be accepted by the:

**Department of Procurement
55 Trinity Avenue, SW – City Hall South, Suite 1900
Atlanta, Georgia 30303-0307**

Deadline: WEDNESDAY, MAY 23, 2012, NO LATER THAN 1:59 P.M.

If you have additional questions concerning this project, please direct your inquiries in writing to Wendell Bryant, Contracting Officer, Department of Procurement, 55 Trinity Avenue, SW, City Hall South, Suite 1900, Atlanta, Georgia 30303-0307, by e-mail wambryant@atlantaga.gov. All questions or inquiries pertaining to this project are due no later than **noon on Monday, May 14, 2012**. All replies will be made in writing. **Oral responses are NOT authoritative.**

It is also imperative that all Proponents heed the Information and Instructions to Proponents, Part 1 No. 8 of this RFP which reads as follows: "All Proponents and representatives of any Proponent are strictly prohibited from contacting any other City employees or any third-party representatives of the City on any matter having to do with this RFP. All communications by any Proponent concerning this RFP must be made to the City's contact person, or any other City representatives designated by the Chief Procurement Officer in writing."

ALL ATTENDEES MUST SIGN IN. THANK YOU.

**FC-5954, Employee Benefits
Required Proposal Submittal
Check Sheet**

Item #	Required Proposal Submittal Check Sheet²	Check (√)
	FORMS TO BE SUBMITTED IN VOLUME II WITH PROPOSAL THAT WILL NOT FORM PART OF THE CONTRACT, IF AWARDED:	
1.	Form 1; Proponent Contact Directory	
2.	Form 2; Proponent Financial Statements and Other Financial Information	
3.	Form 3; Disclosure Form and Questionnaire	
4.	Form 4; Acknowledgement of Insurance and Bonding Requirements	
5.	Form 5; Proof of Insurance Coverage and Bonding Capacity	
6.	Form 6; Acknowledgment of Addenda	
7.	Form 7; List of Clients	
8.	Form; S.A.V.E.	
9.	Miscellaneous; Documentation evidencing Proponent's authority to transact business in the State of Georgia	
	DOCUMENTS/FORMS THAT WILL FORM PART OF THE CONTRACT, IF AWARDED:	
1.	Exhibit A.1-Cost Proposal (to be completed by Proponent and submitted with Proposal)	
2.	Appendix A; City's OCC Programs; Office of Contract Compliance Submittals; EBO Forms 1, 2, 3 and 4 (to be completed by Proponent and submitted with Proposal)³	
3.	Appendix D; Miscellaneous Forms	
4.	Form 1; Security and Immigration Compliance Forms (to be completed by Proponent and submitted with Proposal)	

² This table is included for proponent's convenience and may be used to track the preparation and submittal of certain required information with its proposal.

³ Appendix B; Insurance and Bonding Requirements is a part of the Services Agreement but is not a form that is required to be completed by a Proponent.

**FC-5954, Employee Benefits
Pre-Proposal Conference
Presentation**



FC-5954, Employee Benefits

Thursday, May 10, 2012
Old Center Council Chamber



Welcome & Introductions

Wendell Bryant
Contracting Officer

Agenda



- ▶ Welcome and Introductions
 - Wendell Bryant
- ▶ Enterprise Risk Management
 - Jimmy Porter
- ▶ Office of Contract Compliance & Atlanta Workforce Development Agency
 - Larry Scott
- ▶ Department of Human Resources
 - Commissioner Yvonne Cowser Yancy
 - Louis Amis
- ▶ Department of Procurement
 - Wendell Bryant

Our Mission



Our mission is to model best practices in public purchasing while promoting equity, fairness, and economic inclusion.

Department of Procurement Discussion Guidelines



Q&A period to follow each
presenter



Office of Enterprise Risk Management

Jimmy Porter
Claims Investigator



Office of Contract Compliance

Larry Scott
Senior Contract Compliance Manager



Department of Human Resources

Yvonne Cowser Yancy

Commissioner

Louis Amis

Director of Employee Benefits

Request for Proposal (RFP) Process



- ▶ **Part 1 – Information/Instructions to Proponents**
 - **Proposal Due Date, Wednesday, May 23, 2012**
 - **Proposal Guarantee**
 - **Procurement Questions; Prohibited Contacts**
 - **Questions deadline: Monday, May 14, 2011, Noon**

Request for Proposal (RFP) Process

► Part 2 – Contents of Proposals / Required Submittals

- 4- Submittals: The following submittals must be completed and submitted with each Proposal.

Item #	Required Proposal Submittal Check Sheet:	Check (✓)
	INFORMATION TO BE SUBMITTED WITH PROPOSAL THAT WILL NOT FORM PART OF THE CONTRACT, IF AWARDED:	
	Executive Summary	
	Space Use Plan	
	Operations and Management Plan	
	Construction Plan	
	Overall Project Experience and Performance	
	Key Personnel/Resumes	
	FORMS TO BE SUBMITTED WITH PROPOSAL THAT WILL NOT FORM PART OF THE CONTRACT, IF AWARDED:	
1.	Form 1: Proponent Contact Directory Form	
2.	Form 2: Proponent Financial Statements and Other Financial Information Form	
3.	Form 3: Disclosure Form and Questionnaire Form	
4.	Form 4: Acknowledgement of Insurance and Bonding Requirements Form	
5.	Form 5: Proof of Insurance Coverage and Bonding Capacity Form	
6.	Form 6: Acknowledgement of Addenda Form	
7.	Form 8: Financial Offer Form	
8.	Form 9: Proposed Concept Form	
9.	Form 9a: Merchandise/Menus List Form	
10.	Form 10: Food and Beverage Past Performance and Experience Form	
11.	Form 11: SAVE Affidavit (to be completed by Proponent and submitted with Proposal)	
12.	Form 12: Preference Award Form	
13.	Form 13: Certification Regarding Exclusive Subconcessionaire Agreements	
14.	Miscellaneous: Documentation evidencing Proponent's authority to transact business in the State of Georgia	

	DOCUMENTS/FORMS THAT WILL FORM PART OF THE CONTRACT, IF AWARDED:	
1.	Appendix A; City's ACDBE Goals; Office of Contract Compliance Submittals ²	
2.	Exhibit E; Illegal Immigration Reform and Enforcement Act Forms.	
3.	Exhibit F; Form 7 Business Plan Form	
4	Exhibit G; Transition Plan	

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

Request for Proposal (RFP) Process

- **Part 4 – Submittal Forms**
 - Form 1 – Proponent Contact Directory
 - Form 2 – Proponent Financial Statements and Other Financial Information
 - Form 3 – Disclosure Form and Questionnaire
 - Form 4 – Acknowledgement of Insurance and Bonding Requirements
 - Form 5 – Proof of Insurance Coverage and Bonding Capacity
 - Form 6 – Acknowledgement of Addenda
 - Form 7 – List of Clients
 - Appendix C
 - S.A.V.E. Affidavit
 - Illegal Immigration Reform and Enforcement Act Forms

**FORM 1;
PROPONENT CONTACT DIRECTORY FORM¹**

NAME	POSITION/TITLE	MAILING ADDRESS	PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

¹The purpose of the Proponent Contact Directory is to provide the City with a centralized, easily identified source of important contacts and other information regarding each of the business entities constituting a Proponent. This Proponent Contact Directory should include the names, positions/titles, firms, mailing addresses, phone and fax numbers and e-mail addresses for each of the following as it pertains to each of the firms in a Proponent's team:

1. At least two individuals, one primary the other(s) secondary, authorized to represent the firm for purposes of this RFP; and
2. Proponent Service Provider Key Personnel (as appropriate) listed in the Concessions Agreement included in this RFP at Part 5.

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

FORM 2:- Proponent Financial Statements and Other Financial Information

Note: If a general partnership or a joint venture is proposed, all member companies are to respond separately to all questions, each completing a separate Form 2 to be submitted with its Proposal.

ALL FIGURES IN U.S. DOLLARS (US\$)

1. Summary of assets and liabilities on the basis of available financial statements for the most recent three (3) years.

Standard currency of Company's Financial Statement:

The exchange rate used: = US \$.....

Most Recent three (3) years:

	<u>Year:</u> (thousands)	<u>Year:</u> (thousands)	<u>Year:</u> (thousands)
Current Assets	US\$.....	US\$.....	US\$.....
Current Liabilities	US\$.....	US\$.....	US\$.....
Working Capital	US\$.....	US\$.....	US\$.....
Total Assets	US\$.....	US\$.....	US\$.....
Total Liabilities	US\$.....	US\$.....	US\$.....
Net-Worth	US\$.....	US\$.....	US\$.....

Please indicate the status of the financial statements provided:

* Each Proponent should submit any other information it deems appropriate to reflect its financial capabilities.

_____ Audited by a CPA
 _____ Attested by a CPA
 _____ Compiled by a CPA
 _____ Self Prepared

2. Total value of the balance of work in hand:
US \$
3. Value of available credit for the Project from reputable local Banks or foreign bank verified by local banks.

[illegible]

4. Given the magnitude and nature of the work contemplated in this RFP, the City should be able to evaluate, verify, and understand the Contracting Entity's financial capability and expertise to undertake and perform the Services. The Contracting Entity should demonstrate financial capability by providing documentation from one group of requests (see below) for each member of the Contracting Entity:
- (1) Audited financial statements for the three (3) most recent consecutive fiscal years:
- (a) Income Statement; and
- (b) Balance Sheet; and

Form 2: Continued

(c) Statement of Changes in Financial Position

OR

(2) Unaudited financial statements for the three (3) most recent consecutive fiscal years, preferably compiled or attested by a CPA firm. Statements must include:

- (a) Income Statement; and
- (b) Balance Sheet; and

(c) Satisfactory proof of Proponent's ability to obtain a Performance Bond in an amount equal to 12 months of the Proponents first year's MAG offer, as described in Appendix B

OR

(3) Other:

(a) Unaudited financial statements; and

(b) Two (2) banks or other institutional lenders references; and

(c) Statement from bank confirming the company's open credit line available for the project; and

(d) Dunn and Bradstreet report for the last two (2) years

Please attach the statement from the banks confirming the Company's credit lines available for the Project.

Proponents are required to submit hard copies of all of the above financial conditions.

A proponent will be deemed non-responsive if complete documents for one of the above categories are not submitted for evaluation.

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

Form 3: Disclosure Form and Questionnaire Form

Proponent's disclosures must fully answer all questions posed by the City. Such disclosure must be submitted at the time of the Proposal submission and included as a part of the Proposal.

For the purposes of this disclosure form:

1. "Proponent" means, and disclosure is required for, each Proponent and its constituent members, firms, partners, joint ventures and subconcessionaires.

PLEASE NOTE FROM THE ABOVE THAT IN COMPLETING THIS FORM, PROPONENT MUST PROVIDE REQUESTED INFORMATION FOR ALL ENTITIES COMPRISING PROPONENT AS WELL AS FOR ALL OF PROPONENT'S SUBCONCESSIONAIRES.

2. "Affiliate" means any legal entity that, directly or indirectly through one or more intermediate legal entities, controls, is controlled by or is under common control with the Proponent or a member of Proponent.
3. "Control" means that the controlling entity: (i) possesses, directly or indirectly, the power to direct or cause the direction of the management and policies of the controlled entity, whether through the ownership of voting securities or by contract or otherwise; or (ii) has direct or indirect ownership in the aggregate of fifty one (51%) or more of any class of voting or equity interests in the controlled entity.

The following information must be provided:

1. Please provide the names and business addresses of Proponent and each of Proponent's officers, directors, affiliates and other employees, agents or representatives for this project: **FC-5462; Food and Beverage Concessions (Package No. 2) at Hartsfield-Jackson Atlanta International Airport**. Describe accurately, fully and completely their respective relationships with the Proponent, including their ownership interests and their anticipated role in the management and operations of the Proponent.
1. If there are any arrangements, formal or informal, that your firm has with any other individuals or entities that are not affiliates related to the sharing of any fees, compensation, or profits received from or in relation to, acting as a concessionaire for the Atlanta airport, please provide a copy of any contract relating to such arrangement and the manner in which compensation, or profits will be made.

Form 3: Continued

2. Describe any subcontractors, employees or affiliates that have a current contractual relationship with the City of Atlanta.
3. Does Proponent's executive management or any board member hold a leadership position with an entity doing business with the City of Atlanta?
4. Will the selection of your firm result in any actual or potential conflicts of interests or appearance of conflicts of interests? If so, please specify any party with whom a conflict exists or might arise, the nature of the conflict and whether your firm would step aside or withdraw in the event of a conflict of interest.
5. List any lawsuits, administrative actions or litigation to which Proponent is currently a party or has been a party (either as a plaintiff or defendant) during the past ten (10) years based upon fraud, theft, breach of contract, misrepresentation, safety, wrongful death or other similar conduct. For each suit, list all parties and indicate whether any party was a bonding company, insurance company, an owner, or otherwise. State the project giving rise to the lawsuit, administrative action or litigation, explain the basis for all claims and state whether a settlement was reached or a judgment was entered, identifying each party against whom a judgment was entered.
6. Provide details if Proponent has been charged with a criminal offense within the last ten (10) years.
7. Describe any citation or notices of violation which Proponent received from any government agency in connection with any of Proponent's work during the past ten (10) years. Include OSHA violations, except for the minimum dollar amounts.
8. Please describe the general development of the Proponent's business during the past ten (10) years, or such shorter period of time that the Proponent has been in business.
9. Please state whether any of the following events have occurred in the last ten (10) years with respect to the Proponent. If any answer is yes, explain fully the circumstances surrounding the subject matter of the affirmative answer:
 - (a) Whether Proponent or affiliate currently or previously associated with Proponent, has ever filed a petition in bankruptcy, taken any actions with respect to insolvency, reorganization, receivership, moratorium or assignment for the benefit of creditors, or otherwise sought relief from creditors.
 - (b) Whether Proponent was subject of any order, judgment or decree not subsequently reversed, suspended or vacated by any court permanently enjoining Proponent from engaging in any type of business practice; and
 - (c) Whether Proponent was the subject of any civil or criminal proceeding in which there was a final adjudication adverse to Proponent which directly arose from activities conducted by Proponent which submitted a bid or proposal for the subject project.
10. Describe your process in determining and monitoring the financial health and stability of your subcontractors.

Form 3: Continued

11. State whether any employee, agent or representative of Proponent who is or will be directly involved in the project, in the last ten (10) years: (i) has or had, directly or indirectly, a business relationship with the City, and elected or appointed City Official or City employee; (ii) directly or indirectly has received revenues from the City or (iii) directly or indirectly has received revenues from conducting business on City property or pursuant to any contract with the City.

NOTE: In addition to providing detailed narrative answers to the questions posed in this disclosure form and questionnaire Proponent may attach any other documents that may provide information responsive to the subjects in this disclosure form and questionnaire.

Under penalty of perjury, I declare that I have examined this disclosure form and questionnaire and all attachments to it, if applicable, and, to the best of my knowledge and belief, and all statements contained in it and all attachments, if applicable, are true, correct and complete.

Date: _____

Corporate Proponent:
[Insert Corporate Name]

By: _____
Name: _____
Title: _____

**Corporate Secretary/Assistant
Secretary (Seal)**

Non-Corporate Proponent:
[Insert Proponent Name]

By: _____
Name: _____
Title: _____

Notary Public (Seal)
My Commission Expires: _____

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

I, _____, on behalf of _____, Proponent, acknowledge that if selected as the successful Proponent for FC-5462; Food and Beverage Concessions (Package No. 2) at Hartsfield-Jackson Atlanta International Airport, Proponent shall comply completely and promptly with all insurance and bonding requirements contained in the Concessions Agreement attached to this Solicitation and appendices thereto, pertaining to insurance or bonding.

Proponent understands that it is expected to share these requirements with potential sureties and insurance brokers, agents, underwriters, etc. prior to any award of a Concessions Agreement and to take all necessary steps to ensure compliance with the applicable requirements without delay. Proponent understands, acknowledges and agrees that any failure to fully comply with these requirements within ten (10) days of the date Proponent receives a final Concessions Agreement document from the City may result in the forfeiture of the Proposal guarantee submitted with this Proposal and/or the disqualification of Proponent from further consideration for the Concessions Agreement.

By executing this Acknowledgement of Insurance and Bonding Requirements, I represent that the Proponent understands and agrees to comply unconditionally with all requirements related to insurance and bonding contained in the Concessions Agreement attached to this Solicitation. Further, by signing below, I represent that I am authorized to make the representations contained herein on behalf of Proponent.

Date: _____

Corporate Proponent: [Insert Corporate Name]

By: _____
Name: _____
Title: _____

Corporate Secretary/Assistant Secretary (Seal)
Non-Corporate Proponent:[Insert Proponent Name]

By: _____
 Name: _____
 Title: _____
 Notary Public (Seal)
 My Commission Expires: _____

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

Form J: Proof of Insurance Coverage and Bonding Capacity Form
FC-5462; Food and Beverage Concessions (Package No. 2) at
Hartsfield-Jackson Atlanta International Airport

INSURANCE COVERAGE AND BONDING CAPACITY
CITY OF ATLANTA, GEORGIA

Proponent shall provide the City with satisfactory evidence of the Proponent's ability to obtain the required insurance and bonds from (a) company(es) satisfactory to the City and licensed by the Insurance Commissioner of the State of Georgia to transact Surety business in the State of Georgia. Proponent shall submit this form with its Proposal.

SURETY:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME AND PHONE: _____

BONDING CAPACITY IS: _____

INSURER:

COMPANY NAME: _____

COMPANY ADDRESS: _____

CONTACT NAME AND PHONE: _____

Proponent is required to submit a letter from the Company providing insurance and bonds for this project certifying that the Company will provide insurance and bonds in accordance with the terms set forth in Appendix B.
Date: _____

Corporate Proponent: [Insert Corporate Name]

By: _____

Name: _____

Title: _____

Corporate Secretary/Assistant Secretary (Seal)

Non-Corporate Proponent: [Insert Proponent Name]

By: _____

Name: _____

Title: _____

Notary Public (Seal)

My Commission Expires: _____

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

Form 6: Acknowledgment of Addenda Form
Acknowledgement of Addenda

Bidders/Proponents must sign below and return this form with Bids/Proposals to the Department of Procurement,
55 Trinity Avenue, City Hall South, Suite 1790, Atlanta, Georgia 30303, as acknowledgment of receipt of certain Addenda.

This is to acknowledge receipt of the following Addenda for FC-5462: Food and Beverage Concessions
(Package No. 2) at Hartsfield-Jackson Atlanta International Airport:

1. _____;
2. _____;
3. _____; and
4. _____.

Dated the _____ day of _____, 20____,
Corporate Proponent: [Insert Corporate Name]

By: _____
Name: _____
Title: _____

Corporate Secretary/Assistant Secretary (Seal)

Non-Corporate Proponent: [Insert Proponent Name]

By: _____
Name: _____
Title: _____

Notary Public (Seal)

My Commission Expires: _____

ALL FORMS USED IN THIS PRESENTATION ARE FOR EXAMPLE PURPOSES

Form 14: SAVE Affidavit



CITY OF ATLANTA AFFIDAVIT
VERIFYING STATUS FOR RECEIPT OF PUBLIC BENEFIT
SUBMITTED TO DEPARTMENT OF PROCUREMENT

By executing this affidavit under oath, as an applicant for a City of Atlanta Contract, Business License or Georgia Occupation Tax Certificate, Alcohol License, Taxi Permit, Insurance Company License or other public benefit as referenced in O.C.G.A. Section 50-36-4, I am stating the following with respect to my application for a City of Atlanta public benefit:

For:

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States Citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.* All non-citizens must provide their Alien Registration Number below.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE _____

_____ DAY OF _____, 20_____

Signature of Applicant: _____

Date: _____

Printed Name: _____

NOTARY PUBLIC

My commission expires: _____

* Alien Registration number for non-citizens _____

*Note: O.C.G.A. § 50-36-4(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien," legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below: _____

Exhibit E: Illegal Immigration Reform and Enforcement Act Forms

INSTRUCTIONS TO PROPONENTS:

All Proponents must comply with the Illegal Immigration Reform and Enforcement Act, O.G.C.A. § 13-10-90, et seq. (IIREA). IIREA was formerly known as the Georgia Security and Immigration Compliance Act or GSICA. Proponents must familiarize themselves with IIREA and are solely responsible for ensuring compliance. Proponents must not rely on these instructions for that purpose. They are offered only as a convenience to assist Proponents in complying with the requirements of the City's procurement process and the terms of this RFP.

1. The attached Contractor Affidavit must be filled out **COMPLETELY** and submitted with the proposal prior to proposal due date.
2. The Contractor Affidavit must contain an active Federal Work Authorization Program (E-Verify) User ID Number and Date of Registration.
3. Where the business structure of a Proponent is such that Proponent is required to obtain an Employer Identification Number (EIN) from the Internal Revenue Service, Proponent must complete the Contractor Affidavit on behalf of, and provide a Federal Work Authorization User ID Number issued to, the Proponent itself. Where the business structure of a Proponent does not require it to obtain an EIN, each entity comprising Proponent must submit a separate Contractor Affidavit.

Example 1. ABC, Inc. and XYZ, Inc. form and submit a proposal as AirportFood, LLC. AirportFood, LLC must enroll in the E-verify program and submit a single Contractor Affidavit in the name of AirportFood, LLC which includes the Federal Work Authorization User ID Number issued to AirportFood, LLC.

Example 2. ABC, Inc. and XYZ, Inc. execute a joint venture agreement and submit a Proposal under the name AirportFood, JV. If, based on the nature of the JV agreement, Airport Food, JV is not required to obtain an Employer Identification Number from the IRS, The Proposal submitted by AirportFood, JV must include both a Contractor Affidavit for ABC, Inc. and a Contractor Affidavit for XYZ, Inc.

4. All Contractor Affidavits must be executed by an authorized representative of the entity named in the Affidavit.
5. All Contractor Affidavits must be duly notarized.
6. All Contractor Affidavits must be submitted attached to the front outside cover of proposal volume 1.
7. Subcontractor and sub-subcontractor affidavits are not required at the time of proposal submission, but will be required at contract execution or in accordance with the timelines set forth in IIREA.

Exhibit E:
Continued

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Atlanta has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number _____ Date of Authorization _____

Name of Contractor: _____

Name of Project: _____

Name of Public Employer: _____ City of Atlanta _____

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent _____

Printed name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE __, DAY OF __, 201__

NOTARY PUBLIC
My Commission Expires _____

Exhibit E:
Continued

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ (name of contractor) on behalf of the City of Atlanta has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five business days of receipt, a copy of such notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

<u>Federal Work Authorization User Identification Number</u>	<u>Date of Authorization</u>
Name of Subcontractor: _____	
Name of Project: _____	
Name of Public Employer: <u>City of Atlanta</u>	

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE _____ DAY OF _____, 201____

NOTARY PUBLIC
My Commission Expires: _____

Exhibit E:
Continued

Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for sub-subcontractor with whom such sub-subcontractor has privity of contract) and (name of subcontractor or sub-subcontractor) on behalf of the City of Atlanta has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. §13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number	Date of Authorization
Name of Contractor: _____	
Name of Project: _____	
Name of Public Employer: _____	City of Atlanta

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20__ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent _____

Printed name and Title of Authorized Officer or Agent _____

SUBSCRIBED AND SWORN BEFORE
ME ON THIS THE _____ DAY OF _____, 201__

NOTARY PUBLIC _____

Request for Proposal (RFP) Process

► Part 3– Evaluation of Proposals

RELATIVE WEIGHT	GRADED ITEM	SCORE
5	Executive Summary	
5	Organization/Resumes of Key Personnel	
10	Management Plan	
20	Overall Experience, Qualifications and Performance on Previous Similar Projects	
15	OCC Programs	
10	Financial Capability	
35	Cost Proposal	
100%	TOTAL SCORE	

Reminder



- ▶ Questions Due
 - Monday, May 14, 2012 at noon

****QUESTIONS RECEIVED AFTER THE DESIGNATED PERIOD
MAY NOT BE CONSIDERED****

- ▶ Proposal Due Date
 - Wednesday, May 23, 2012

****ABSOLUTELY NO PROPOSALS WILL BE ACCEPTED AFTER 1:59 P.M.
ON THE RESPECTIVE DUE DATE****